V. S. No. 1.

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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No Ill death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVERCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH . 191....., to allvs on....., 191..... (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ? .mos,.....ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) .yrs.____ds. which employed (or employer) Contributory. Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs. ___ Where was disease contracted. 14 THE ABOVE MY KNOWBEDGE If not at place of death? ... Former or usual residence DATE OF BURIAL

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopheumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report



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state Very should is OCCUPATION PHYSICIANS ENT EXACTLY PERMAN stated 4 classified. S shoul properly AG INK supplied. be UNFADING тау certificate. Carefully that 0 WITH back terms. pinous 00 AINLY plain Instructions Information C DEATH WRITE See 50 Item 10 mportant. ш EVELY m ż

7654 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in .Ward) a hospital or institution. give its NAME Instead ot street and oumber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from alive on (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory ... BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER in the (State or country _____ yrs. mos. .. _ ds. State yrs, ____ mos. ___ ds. Where was disease contracted. MY KNOWLEDGE It not at place of death? Former or usuai residence DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not minc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

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RECORD

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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PARENTS

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MARGIN

WRITE PLAINLY, WITH UNFADING INK-THIS IS

No. 1. 02

N. B.-

PLACE OF DEATH Co VI 3 5

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist, No. 57
Village or City limitalized (No.	St.; Ward) [It death occurred la a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME STANK	my omwon
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Amale Black (Write the word)	16 DATE OF DEATH Aug 8, 1914 (Month) (Day (Year)
DATE OF BIRTH Not I Survey, 1	17 I HEREBY CERTIFY, That I attended deceased from Cong 4 191 to Cong 8 1914. that I last saw have alive on Cong 8 1914.
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	In ha Gunial Amortige
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER WAT / Essence 11 BIRTHPLACE OF FATHER (State or country) 12 OF MAIDEN NAME A / / S	(Signed) , M. D. (Signed) , M. D. ALLY S., 1914 (Address) & Little glass State the DISEASE CAUSING DEATH, Or, in deaths from Viglent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
OF MOTHER PART / Ess bross. 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds
(Interment) Charles To the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usoal residence
(Address)	Sur dellared accy 9 1914
Filed 191	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

V. J V. / Lulchin

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the tication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupatious a slugle word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dennemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucies of lungs, meninges, peritonaeum, etc., Carcin-

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state should a OCCUPATION properly supplied. may certificate. that o terms, pino plain Instructions information 2 DEATH Jo PO mportant. ы Every

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7656 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 57 .Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, Music WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I stlended deceased from (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at., 1 dayhrs. OR mia. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment lo (Durafion) _____yrs____mos____ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death Stafe yrs, ____ mos. ds. _____ yrs. mos. ____ ds. Where was disease contracted, If oof at place of death?... Former or 19 PLACE OF BURIAL OR REMOVAL 15

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Ilf death occurred in

a hospital or inslitution. give its NAME Instead of sfreet and oumber. 1

(Day)

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
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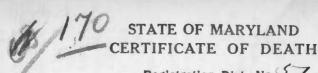
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W. B. No. 1.

N. B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that It may be properly classified. Exact statement of OCCUPATION is very PHYSICIANS should state A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Important. See instructions on back of certificate. 'PLACE OF DEATH 7657



County Calval	CERTIFICATE OF DEATH
	Registration Dist. No. 57
	St.; Ward) [it death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Blass (Write the word)	18 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 20, 1914, to leaf 20, 1914.
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ds. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, nr particular kind of work (b) Beneral nature of industry, business, nr establishment in which employed (or employer)	Tun shot I vouring accidental Off (Duration) yrs. mos. ds.
(State or country) 222	Contributory (Secondary) (Secondary) // (Deration) // (Der
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
of Mother 13 Birthplace Of Mother (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Trongs July	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Celina Filed Left 3 191 4 Lilling REGISTRAR If more blanks are needed, address State Registra.	29 UNDERTAKER Stages Bornes 4. Balton Requesting V. 8. No. 1

[Approved by U. S. Census and American Public Health
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in St:----Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MARRIED, Ranca 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE I HEREBY CERTIFY, That I attended deceased from acra 8 DATE OF BIRTH (Month) (Year) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 10 & 1 dayhrs. OR 7 8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER _____ yrs. ____ ds. State yrs, ____ mos. ds. Where was disease contracted. If not at place of death? DATE OF BURIAL If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays affection with respect to time and causation), using divays the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause. Always qualify ail diseases resulting from ture of the American Medical Association. "Contributory." LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merciy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is iess definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: FOF VIO-



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V. S. No. 1.

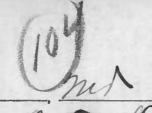
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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 0

RECORD

A PERMANENT

7659 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[It death occurred is a hospital or institution, give its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wole Color or Race Single, MARRIED, WIDOWED, ORDIVORCED (Il rife the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
TAGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m, The CAUSE OF Death was as follows:
(a) Trade, profession, or particular kind of work.	Qui vice les
(b) General nature of Industry, business, or establishment in which employed (or employer)	the lie 40 min yrs most is.
10 NAME OF FATHER LAWY STOVES	Signed) The Contributory of the Contributory o
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF FATHER (State or country) 14 BIRTHPLACE OF FATHER (State or country) 15 BIRTHPLACE OF FATHER (State or country) 16 BIRTHPLACE OF FATHER (State or country) 17 MAIDEN NAME OF MOTHER OTHER O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Calvert	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, INATITUTIONS, I
(Informant)	it not at place of death? Former or usual residence
16 Filed aug 14, 1914 P. Bus on REGISTRAR	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS MULIUM
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfuily employed, as At school or At home. Care statement. Never return "Laborer," "Foreman," eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As exam, additional line is provided for the latter states the nature of the business or industry, and therefore essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meminges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State eause for mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as chiidbirth or miscarriage as "Puerferal septichaecause. etc., when a definite disease can be ascertained as the genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association. cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUICENE 1914

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ilt death occurred in -Ward) a hospital or institution. give Its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED. 191.5 WIDOWED (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191..... (Month) (Day (Xear) TAGE If LESS than and that death occurred on the date stated sb 1 day hrs. OR min. ? mos. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) .yrs.....ds. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. 10 NAME OF FATHER of 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, or HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death _____ yrs. ____ mos. ___ State _____ yrs, ____ mos. __ _ ds. 14 THE ABOVE

Where was disease contracted.

It not at place of death?

Former or usual residence

PLACE OF BURIEL OR REMOVAL

DATE OF BURIAL

MNDERTAKE ADDREAS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite saiary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



V. S. No. 1.

RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-

Village or City, Lundeland (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OCOLOR OR BACE MARRIED, WIDOWED, ORDIVORCED (Write the word) B DATE OF BIRTH	16 DATE OF DEATH Month (Day (Year)
helenorom, 1866	that I last saw h alive on
7 AGE (Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment to which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Borotton)
N 11 BIRTHPLACE OF FATHER	(Signed) 18 X Jalm Defless Reg., M. D. Oug 1, 1914 (Address) Ellers Reg.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTH LACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the control of the control o
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Interment) Reussell (Address) Ranka	Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ORDINAL LINE LINE LINE LINE LINE LINE LINE LIN
File Cery 1 , 1915 Soft Salt REGISTRAR	20 UNDERTAKER ADDRESS Modern March

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIOAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) (Recommendations on statement of



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RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 3
Village or City Welow (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Cag 16 ,1914 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Month (Day (Year)	that I last saw h
7 AGE 3 mos 6 ds PR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Mos physician Allerdery Mos to Enteritie (Ourstion) yrs. mos / D ds.
10 NAME OF BUILT Johnson,	Contributory Secondary (Doration) (Signed) (Signed) (Address) (Address) (Acceptage of the contribution of the contributi
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MAL 13 BIRTHPLACE OF MOTHER (State or country)	State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
(Intermant) Dank John Com (Address) Willows	Where was disease contracted, If not at place of death? Former or usual residence
Filed	Derus Brown Appress Newscing branches Strar, 6 E. Frysklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," ctc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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state Very OCCUPATION IS should PHYSICIANS RECORD of statement PERMANENT EXACTLY. stated classified. 4 S pinous UNFADING INK-THIS properly AGE supplied. pe may carefully that 80 PLAINLY, WITH pe plain terms. pinous of Information See Instruction -DEATH WRITE Every Item CAUSE OF Important. 8

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(Address

DATE OF BIRTH

7663 1 PLACE OF DEATH County-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

sestall	d) [If death occurred is a hospital or institution give its NAME losiead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH REST	28 . 191
(Month)	(Day (Year)
that I last saw h alive on Acc	
and that death occurred on the date state	
The CAUSE OF DEATH* was as follows	:
(Ouration)	Mensafeki
1/1/1/1/7	yrsmos
(Signed) X, V, Lecte acc 29, 1914 (Address) de	
State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from VIOLE and (2) whether Accide
Where was disease contracted.	
If not at place of death?————————————————————————————————————	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Leutingtown	aug 29, 191.
20 UNDERTAKER	ADDRESS
(1.7/1/. 1.1.	0 111

2FULL NAME

5 SINGLE. MARRIED.

WIDOWED, ORDIVORCED (Write the word)

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

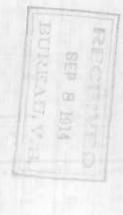
(Month) (Day if LESS than 1 day,.....hrsds. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. County....

7664



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 57

St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Male While ORDIVORCEO (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. OR min.? (Month) (Day (Sear) 17 I HEREBY CERTIFY, That I attended decease that I last saw him alive on and 2 2 3 and that death occurred on the date stated above, at 1 the CAUSE OF DEATH * was as follows:	and number.]
Male While Woodes, Month (Day (Month) (Day (
TAGE OATE OF BIRTH OMOnth) ODAY (Year) TAGE OR OR OR OR OR OR OR OR OR O	, 1914 (Year)
7 AGE If LESS than and that death occurred on the date stated above, at	191.4.
BOCCUPATION	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PRIBATED AGE Contributory Gentleutory	nos. 4 ds.
(State or country) No. 10 NAME OF FATHER Margues 11 BIRTHPLACE OF FATHER (State or country) Margues (Signed) (S	Towar
12 MAIDEN NAME OF MOTHER CLU TAL, SUICIDAL, OF HONICIDAL. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 CAUSES, State (1) MEANS OF INJURY; and (2) Whether AN TAL, SUICIDAL, OF HONICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. where was disease confracted, if not at place of death? Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL 15 MA Harm on Acry 23 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1	

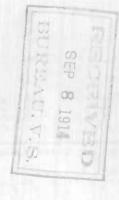


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Houseicife, Houseicork, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Mauager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichae anuple: Meastes (disease cansing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injnry, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puekreral peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coua," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancanse of death approved by Committee on Nomenela-"Contributory." is less defiuite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," may be stated under the head (Recommendations ou statement of



carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

See instructions on back of certificate.

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should be

of information should b

N. B.—Every item o CAUSE OF I

V. S. No. 1.

1 PLACE OF DEATH Calvert Orlmins

7665



CERTIFICATE OF DEATH
Registration Dist. No.
St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
OF DEATH August 23, 1914 (Month) (Day (Year)
HEREBY CERTIFY, That I attended deceased from 16, 1914, to Que. 23 , 1914,
t saw him allve on Oug. 21 ~ 1914
death occurred on the date stated above, at 7
SE OF DEATH* was as follows:
irteriosclerosis.
(Duration) Zyyrsmosds.
lbutorydary
(Duration) yrs mos ds. 14 191 4 (Address) Durange M. D.
te the Disease Causing Death, or, in deaths from Violent state (1) Means of Injury; and (2) whether Accidenticidal, or Homicidal.
TH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
In the yrs, mos ds. State yrs, mos ds disease contracted, ace of death?
ence
wow The Gueley aug 24, 1914
RTAKER A ADDRESS

	FULL NAME John &	mor	y Parks
	PERSONAL AND STATISTICAL PARTICULAR	s	MEDICAL CERTIFICATE O
3 SI	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word	dovek	16 DATE OF DEATH August (Month)
8 D	(Month) (Day	, 1839 (Year)	that I last saw h. inc. alive on Que
TA	15.	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:
(a) pai (b) bus whi	CCUPATION') Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	~	Contributory Secondary
PARENTS	10 NAME OF Elias Parks. 11 BIRTHPLACE OF FATHER (State or country) Marylau 12 MAIDEN NAME Ellew Evalua	d.	(Signed) (Signed) *State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; ATTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS OF RECENT RESIDENTS)
	OF MOTHER (State or country) Marylaws THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE (Informant)	A.	At place of death yrs mos ds. State Where was disease contracted, if not at place of death? Former or osual residence.
16 File	ed aug 23, 191 4 Elis Fahan	Ee.	20 UNDERTAKER

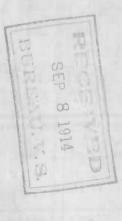
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Canwhich snrgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very PERMANENT Every Item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. UNFADING INK-THIS IS PLAINLY, WITH

WRITE

30

N. B.L.

RECORD

7666

PLACE OF DEATH

STATE OF MARYLAND

County Calvert 151	CERTIFICATE OF DEATH
4	Registration Dist, No. 50
Village or City Tragic (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nal Color of Race 5 SINGLE, MARRIED WIDOWED WIDOWED OR DIVORCED WORLD (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
and 30, 1914	that I last saw h alive on 191 191
7 AGE (Manth) (Day (Year) 1 LESS than 1 day,hrs. 0 Nmin ?	and that death occurred on the date stated above, at 7. m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	278asus
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)
9 BIRTHPLACE (State or country) Marylunds	Contributory Secondary
10 NAME OF Richard Philip	(Signed V Charles) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAMP OF MOTHER 13 MAIDEN NAMP OF MOTHER 14 MAIDEN NAMP OF MOTHER 15 MAIDEN NAMP OF MOTHER 16 MAIDEN NAMP OF MOTHER 17 MAIDEN NAMP OF MOTHER 18 MAIDEN NAMP OF MOTHER 19 MAIDEN NAMP OF MOTHER 10 MAIDEN NAMP OF MOTHER 10 MAIDEN NAMP OF MOTHER 11 MAIDEN NAMP OF MOTHER 12 MAIDEN NAMP OF MOTHER 13 MAIDEN NAMP OF MOTHER 14 MAIDEN NAMP OF MOTHER 15 MAIDEN NAMP OF MOTHER 16 MAIDEN NAMP OF MOTHER 17 MAIDEN NAMP OF MOTHER 18 MAIDEN NAMP OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causis, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER hnstiduna Wifes	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTE
13 BIRTHPLACE OF MOTHER (State or country) Nary Gul	At place in the of death yrs mos ds
(Informant) LE LE THE BETTE NO KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Fragus Mid	State of BURIAL OR REMOVED DATE OF BURIAL
Filed Myst, 1914 Ger & Chamber	20 protest Smother Chief met
If more blanks are needed address Ctate Beat	Ginam C II Ibanal-Ma CA Table to

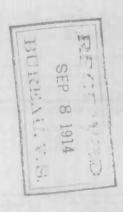


[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify aii diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (Recommendations on statement of (secondary or intercurrent) Never report



V. S. No. 1.

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of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT IS UNFADING INK-THIS WITH Item of Information should be PLAINLY, WRITE CAUSE OF I

7667 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

00	ulty	
	mulial	Registration Dist, No.
Vil	lage or City (No.—,	St.; Ward) a hospital or Institution,
	1 1 1	give its NAME tostead
	many vo	can (Cawley of street and nomber.)
	²FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	EX COLOR OR BACE SINGLE.	16 DATE OF DEATH WY GM
n	A II I MOONED. Dust	(Month) (Day (Year)
0	(Write the word)	
6 D	ATE OF BIRTH A	I HEREBY CERTIFY, That I attended deceased from
	MINCH 25	
		that I last saw h Malivarone ,191
7 A	(Month) (Day (Year)	12 2
. A	The state of the s	and that death occurred on the date stated above, atm,
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
-	yrs mos ds. OR min.?	
	CCUPATION) Trade, profession, or	Williams
	rticular kind of work	the state of the s
(b)	General nature of Industry,	46.7.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.
business, or establishment in		(Duration)yrsmosts.
7.0	ch employed (or employer)	
9 8	(State or country)	Secondary,
	Carry Court	ma (Diration) were mos as
	10 NAME OF	Reguer MA
	FATHER / Long 13 Kauly	(Signed) N. p.
S	11 BIRTHPLACE	dry 9, 191 & (Address) multiac m
Z	OF FATHER (State or country)	
ARENTS	1 1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
	12 MAIDEN NAME OF MOTHER //	TAL, SUICIDAL, OF HUSTICIDAL.
C,	au j. v au a	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country)	of death yrs mos ds. State yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Thereword 13 Newbys	If not at place of death?
- 1	(Informant)	USUA Tesidence
	At Simuro Mid	19-(-)
	(Address)	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
15	a phone and	1914
Fil	ed aug 10, 1914 Pour	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. T.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid fneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal scotichacthenia," "Adaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL poritonitis," etc. State mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc, when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Scuile," ctc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in .Ward) a hospital or institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE COLOR OR RACE WIOOWEO. (Month) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At nlace In the OF MOTHER (State or country) yrs. ds. State _____ yrs. Where was disease contracted. If not at place of death?.. Former or usual residence DATE OF BURIAL 15 20 U ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report



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PHYSICIANS should state of OCCUPATION IS VELY RECORD Every liem of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

It of 13tl a	cion	Dist,	ITO borr	
C4.	111		[If	death o

ccurred is a hospital or Institution, give its NAME Instead

FULL NAME Willeam	Woodlon of street and number.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Blus Single, Widowed, OR ON OR	16 DATE OF DEATH (Month) (Day (Year)		
6 DATE OF BIRTH Occ. 2/, 19/3 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from		
7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at		
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Parkers Extranstruction (Ouration) yrs. mos. ds.		
9 BIRTHPLACE (State or country) 10 NAME OF FATHER William Wordloy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Buration) yrs mos ds. (Signed) / / / / / / / / / / / / / / / / / / /		
(Informant) Augustus Comments (Address) Augustus Comments	Where was disease contracted, If not at place of death? Former or usual residence		

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Never return "Laborer," If the occupation has As examples: "Foreman," (0)

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